STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004419	A. BUILDING: _____ B. WING _____	C 03/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITLOCK PLACE	1719 S ELM ST CRAWFORDSVILLE, IN 47933

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00452302, IN00454894, and IN00455680. Complaint IN00452302 - No deficiencies related to the allegations are cited. Complaint IN00454894 - No deficiencies related to the allegations are cited. Complaint IN00455680 - No deficiencies related to the allegations are cited. Survey date: March 27, and 28, 2025 Facility number: 004419 Residential Census: 62 Whitlock Place was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00452302, IN00454894, and IN00455680. Quality review completed on March 31, 2025.	R 000		